

Acceptable POC  
mm 4/12/11

PRINTED: 03/29/2011  
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5422AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CANYON HILLS MANOR II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4540 S MONEY ST PAHRUMP, NV 89048</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/4/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and 4 employee files were reviewed. One discharged resident file was reviewed.  The facility received a grade of B.	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A/ Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by:	Y 103	Each personnel has a file that is kept on a three ring binder inside the filing cabinet of the facility. All documents about each employee are in the personnel file that are saved within the confines of the facility.  a) All employees file will be reviewed every 6 months. A personnel checklist will be utilized to determine if re-certifications are needed. Employees will be re-enrolled in re-certification classes prior to expiration dates. The administrator will monitor for compliance.  b.) Checklist completed 3/15/11	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

*Stefan G. Schwartz*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
ADMINISTRATOR

TITLE

(X6) DATE

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BUREAU OF LICENSURE AND CERTIFICATION  
LAS VEGAS, NEVADA

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Y 103	Continued From page 1  Based on record review on 3/4/11, the facility failed to ensure 3 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1 is missing a second step; Employee #2 did not have a pre-employment physical; Employee #3 has a chest Xray in the file indicating history of positive PPD, however there is no evidence of a positive TB test or note from a medical professional stating the employee is positive for TB).  This was a repeat deficiency from the 5/17/10 State Licensure survey.  Severity: 2 Scope: 3	Y 103 OK mm	Regarding compliance with tuberculosis testing(TB) The following employees have complied with NAC441A.375.  Employee#1 did the second step TB test on 1/28/11.  Employee#2 was first hired at Canyon Hills I and was relocated to Canyon Hills II. A Step 1 TB test was done on 6/4/2010 thus making it still valid for the annual survey conducted on 3/4/11. He has a pre-employment physical exam done by Dr. Zephyr Villaluz which was overlooked on his file.  Employee#3 had her TB test redone on 3/10/11. It still resulted to a positive PPD and the chest X-ray had a negative result.(Attachments enclosed)	25
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 3/4/11, the facility failed to ensure 1 of 4 employees met background check requirements of NRS 449.176 to 449.188 (Employee #3 did not sign a criminal history statement).  This was a repeat deficiency from the 5/17/10 and 6/21/10 State Licensure survey.  Severity: 2 Scope: 1	Y 105 OK mm	Employee#3 has complied with the background check requirements. She has already signed the criminal statement on 3/10/11 and has submitted her fingerprint cards but the FBI report has not been received yet as of 3/20/11. (Attachment enclosed)	

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Y 178 SS=F	<p>449.209(5) Health and Sanitation-Maintain Int/Ext</p> <p>NAC 449.209</p> <p>5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>This Regulation is not met as evidenced by: Based on observation on 3/4/11, the facility failed to ensure the landscaping was well maintained. (Construction debris and trash in back yard).</p> <p>This is a repeat deficiency from the 5/17/10 and 9/10/10 State Licensure Survey</p> <p>Severity: 2 Scope: 1</p>	Y 178	<p>The administrator conducted a physical inspection of the facility and shall do it on a regular basis at least once a month.</p> <p>The inspection showed a clean interior.</p> <p>The exterior particularly the backyard was fenced and locked including the water tank and warehouse. This is also the work area of our maintenance team</p> <p>The gate is now reinforced and an outdoor surveillance camera was installed considering the area of the place we found a need to do that to ensure the security of the facility.</p> <p>The gate is automatic and operated by remote control and we installed a centralized alarm system.</p> <p>An indoor surveillance system was installed to monitor the clients.</p> <p>Work was completed on 3/15/11 (Pictures of the completed work enclosed)</p>	
Y 698 SS=F	<p>Residents Requiring use of Oxygen-Storage</p> <p>2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall:</p> <p>(b) ensure that:</p> <p>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation on 3/4/11, the facility failed to secure oxygen tanks in a rack or to the wall (7 out of 10 oxygen canisters were unsecured in a backyard shed).</p> <p>This was a repeat deficiency from the 6/21/11 State Licensure survey.</p>	Y 698	<p>Our facility has no clients using oxygen tanks at present. An oxygen rack was installed to a wall in the storage area. The empty tanks seen at the warehouse was picked up on 3/14/11.</p> <p>The rack was completed on 3/13/11.</p> <p>(picture enclosed of the oxygen rack)</p>	

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